

PRINTED: 05/31/2013
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/29/2013
NAME OF PROVIDER OR SUPPLIER LAURELBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined soiled linen and clean linen areas were not maintained under the proper positive/negative air relationships. The findings include: Observation with the Maintenance Supervisor on May 29, 2013 between 10:00 a.m. and 4:00 p.m. confirmed the following: 1. The laundry soiled linen storage room exhaust was broken. The soiled linen storage room and dirty side of the laundry was not maintained under a negative pressure. 2. No ventilation system was provided in the laundry on either the soiled or clean side. 3. The #1 clean linen room near the fire pump room was not under a positive air flow. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 29, 2013.</p>	N 848	<p>N 848 1200-8-6-.08 (18) BUILDING STANDARDS</p> <p>1) On 6/11/13 the facility management has contracted with an outside vender to evaluate and provide a quote to build a partition wall between the soiled linen & storage room. The CEO will be submitting a building design to Plan Review Section of the Department of Health, Health Care Facility by 6/24/13. The proposed completion date is 7/29/13 pending approval.</p> <p>On 6/11/13 the maintenance staff installed new scuttle hole door in ceiling laundry room that will fix tightly enough to achieve positive air flow.</p> <p>On 6/11/13 the CEO has contracted with an outside vender to repair the soiled linen room exhaust fan which needs a relay switch replaced.</p>	7/29/13	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kirk Wall

TITLE

Administrator

(X6) DATE

6/14/13

FORM

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4XKZ21

If continuation sheet 1 of 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/30/2013
NAME OF PROVIDER OR SUPPLIER LAURELBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
			<p>2) The facility has 1 laundry room. The Maintenance Staff has performed inspections in other areas and determined no other areas are affected.</p> <p>3) The Maintenance staff will monitor equipment which maintains positive airflow in the clean linen side and negative airflow in the soiled linen side. Outside vendors will be contracted to perform the construction.</p> <p>4) The Maintenance Manager will report the outcomes of the inspections and testing to the Administrator and to the quarterly QAPI Committee and the Administrator will ultimately communicate to the Governing Body at their meetings.</p>		